

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032271

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4551

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 11 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
Length of stay in b. 1/2 Day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 2810 West 47th St.	
3. NAME OF DECEASED (Type or print) First Timothy Middle Alan Last Healy		4. DATE OF DEATH Month Aug Day 14 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 3-1963
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Kansas City - Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank O. Healy		13b. MOTHER'S MAIDEN NAME Katherine M. Harrison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. FRANK & KATHERINE HARRISON	
17. INFORMANT FRANK & KATHERINE HARRISON		Address 2810 W. 47th St. Kansas City	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Lesion DUE TO (b) Malformation during Prenatal develop DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from Aug 4, 1963 to Aug 13, 63 and last saw him alive on 8/13/63 Death occurred at 2:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank A. O'Connell		22b. ADDRESS 7830 State Line SMK	
22c. DATE SIGNED 8/14/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug 15-63	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	23d. LOCATION (City, town, or county) (State) Johnson Co. Kansas
24. FUNERAL DIRECTOR Carter, 1901 Clatter Blvd, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 8-15-63	
26. REGISTRAR'S SIGNATURE P. L. Long			

DOCUMENT

BY AFFIDAVIT OF Frank A. O'Connell MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1

2 8150

3

4 0

5 0

6

7 0

8 1

9 7545

10

11

12 67-D

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul R. Williamson

Licensed Embalmer No.

5009

P. O. Address

Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.